



1076.40275X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: M. BERNHARDSON

Serial No: 09/891,330

Filed: June 27, 2001

Title: GRAPHICAL USER INTERFACE DEVICE AND METHOD

Group: 2174

Examiner: Boris M. PESIN

AMENDMENT PURSUANT TO 37 CFR §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 6, 2005

Sir:

This is in response to the final rejection of March 4, 2005.

Amendments to the Claims begin on page 2.

Remarks are included following the amendment.

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subject matter which is based upon the present disclosure. Therefore it is requested the Examiner permit claims 39-42 to be added since their status as dependent claims should not require further field search in view of the filing of the Terminal Disclaimer obviating the issue of patentability of all of the claims including in the independent claims from which the newly added dependent claims depend with respect to Serial No. 09/985,307.

In view of the foregoing amendments and remarks, it is submitted that the application is in condition for allowance. Accordingly, early allowance thereof is respectfully requested.

To the extent necessary, Applicants petition for an extension of time under 37 CFR §1.136. Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 01-2135 (Case No. 1076.40275X00) and please credit any excess fees to such deposit account.

Respectfully submitted,



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DES/mef
703/312-6600

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1076.40275X00

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	
TOTAL CLAIMS	19		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	19	minus 20 =	0
INDEPENDENT CLAIMS	4	minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	80
+135=		OR	+270=	
TOTAL		OR	TOTAL	870

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	19	Minus	20	= 0
	Independent	4	Minus	4	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	23	Minus	20	= 3
	Independent	4	Minus	4	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	150
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	150
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	1
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.